

Case Number:	CM14-0120270		
Date Assigned:	08/06/2014	Date of Injury:	10/09/2013
Decision Date:	07/07/2015	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	07/30/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 37 year old male who sustained an industrial injury on 10/09/13. Initial complaints and diagnoses are not available. Treatments to date include medications, a lumbar epidural steroid injection, and physical therapy. Diagnostic studies include multiple MRIs of the lumbar spine and x-rays. Current complaints include low back pain radiating to the lower extremities. Current diagnoses include spondylosis, disc herniation, central stenosis, lateral recess stenosis, and bilateral lower extremity radiculopathy. In a progress note dated 06/17/14 the treating provider reports the plan of care as an anterior posterior lumbar fusion and decompression, and associated services. The requested treatments include post-operative physical therapy to the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Post-operative physical therapy for lumbar spine x24 visits: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work injury in October 2013 and continued to be treated for radiating low back pain. When seen, a lumbar spine fusion was being planned. Physical examination findings included paraspinal muscle spasms and tenderness. There was bilateral sciatic notch tenderness. Straight leg raising was positive. There was decreased bilateral lower extremity strength and sensation. Post surgical treatment after the claimant's proposed surgery after maturation of the fusion includes up to 34 physical therapy visits over 16 week, although goals can usually be achieved with fewer visits than the maximum recommended. In this case, the claimant has not undergone the planned procedure. Without knowing the results of his surgery and post-operative course including the status of his fusion, the number of treatments being requested is excessive and cannot be considered as being medically necessary.